



Utility Payment Authorization Form

Tenant Personal Information

Last Name _____	First Name _____
Address _____ Apt. # _____	
City _____	State _____ Zip _____
Parish _____ SS# _____ - _____ - _____ Phone Number (____) _____	

Account Information

(If different from above)

Billing Last Name _____	Billing First Name _____
Service Address _____ Apt. # _____	
City _____	State _____ Zip _____
Utility Company _____	Account # _____
Monthly Average Bill Amount \$ _____	Billing Date _____

****Please attach a copy of your recent utility bill****

By signing this form, I understand that I am authorizing Louisiana Housing Authority to submit my monthly utility reimbursement/payment directly to the utility company to which payment is owed. I further understand that I am ultimately responsible for all current and past utility bills that are not covered by the calculated monthly utility reimbursement/payment. Lastly, I understand that any changes/updates to my utility account information must be submitted to Louisiana Housing Authority so that accurate and timely utility payments can be made.

Signature

Date

Office Use Only

LLA Official: _____

Date Received: _____

Housing Official: _____